



California State Teacher's Retirement System  
403(b) Program

**Salary Reduction Agreement**

Please Check One: ☐ New Enrollment ☐ Change (Modifies any prior Salary Reduction Agreement)  
☐ Retiree (Member of CalSTRS)

**I. Participant Information** *Please provide former name AND new name if Name Change only*

Participant Name: _____	Social Security Number: _ _ - _ - _ _ _	
Date of Birth: _____	Date of Hire: _____	Daytime Telephone: ( ) _____
Participant Address: _____	Street Address	
	City	State Zip

**II. Employer Information** (Not necessary to complete if you are a retiree)

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Telephone Number: ( ) _____

**III. Agreement**

The employer named above (hereinafter referred to as the "Employer") hereby affirms that it is duly qualified as a tax-exempt organization described in section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code"), a public school system or an educational organization described in section 170(b)(1)(A)(ii) of the Code.

The employee named above (hereinafter referred to as the "Employee") and the Employer agree as follows: The salary of the Employee will be reduced by \$ _____, or by an amount equal to _____% of the Employee's compensation, each pay period. The Employer promptly will forward the amount of such reductions to: For Regular Delivery, please use the following address:      For Overnight Delivery, please use the following address:	
<b>CitiStreet</b> <b>Attn: CalSTRS 403(b) Program Unit</b> <b>P.O. Box 9195</b> <b>Boston, MA 02209</b>	<b>CitiStreet</b> <b>Attn: CalSTRS 403(b) Program Unit</b> <b>Batterymarch Park III, 2nd Floor</b> <b>3 Pine Hill Drive</b> <b>Quincy, MA 02169</b>
The salary reduction shall be effective as of the day of the pay period beginning _____ Date	

This Agreement is legally binding and irrevocable with respect to all amounts earned by the Employee while this Agreement is in effect. This Agreement shall remain in effect until it is either terminated by the Employee or the Employee is no longer employed by the Employer. The Employee may terminate this Agreement at any time by giving sufficient prior written notification to the Employer with respect to amounts not earned at the time of termination. The termination will be effective as soon as administratively possible after the Employee's receipt of notification.

No contribution may be made pursuant to this Agreement which is in excess of the applicable limits of Code Section 402(g), 403(b)(2), and 415. The employee and employer shall be responsible for determining the maximum amount that may be contributed pursuant to the foregoing. I understand that I am responsible for determining that the amount of my salary reduction listed above does not exceed the applicable limits on contributions.

All of the provisions of this agreement are subject to the terms of the CalSTRS 403(b) Program, the terms of which are hereby incorporated by reference in this Agreement.

#### IV. Investment Allocation for Future Deferrals

I hereby elect to invest future deferrals according to the allocation percentages listed below:

	Investment %
Citi Institutional Liquid Reserves(10)	
Vanguard Total Bond Market Index Admiral (15)	
State Street Research Aurora A (20)	
Vanguard Institutional Index (30)	
Vanguard Total Stock Market Index Admiral (35)	
Brown Capital Small Company Institutional (37)	
Prudential Jennison Equal Opportunity A (39)	
Delaware Trend Institutional (40)	
Dodge & Cox Stock (42)	
Fidelity Growth (44)	
Artisan International (50)	

**NOTE: Whole Percentages Only. Percentage must equal 100%.**

**\* Contributions may not be made directly into the Self-Managed Account. You must first invest your money into core funds and then transfer funds into the Self-Managed Option.**

If CitiStreet does not receive proper allocation instructions or if instructions are unclear, I understand that CitiStreet will allocate the assets to the Citi Institutional Liquid Reserves.

#### V. Signatures

_____ Employee Signature	_____ Employer Signature
_____ Print Name	_____ Print Name
Date_____	Date_____
Please take this to your Employer for signature before returning it to CitiStreet.	